



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In Re Application of

Maggenti et al.

Serial No. 09/997,166

Filed: November 28, 2001

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For: COMMUNICATION DEVICE FOR
DETERMINING PARTICIPANTS
IN A NET WITHIN A GROUP
COMMUNICATION NETWORK

) Group No. 2685

RECEIVED

MAR 04 2004

Technology Center 2600

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated October 24, 2003, Applicants hereby petition for a one-month extension of time until February 24, 2004. Please amend the above-identified application as follows:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Stacy Dumrauf
(type or print name)

Date: February 24, 2004

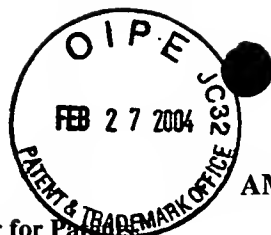
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Signature: _____

Stacy Dumrauf


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AMENDMENT TRANSMITTAL FORM

 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

 Customer No.: 23696
 Attorney Docket No.: 000211D10
 In Re Application of: Maggenti et al.
 Serial Number: 09/997,166
 Filed: November 28, 2001
 Examiner: Thuan T. Nguyen
 Group Art Unit: 2685

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Technology Center 2600

Dear Sir:

Transmitted herewith for filing is a Response to Office Action w/one-month ext. of time in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	33	33	0	x \$18 =	\$0
Independent**	4	4	0	x \$86 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$0
EXTENSION FEES				<input checked="" type="checkbox"/> One Month	\$110
				<input type="checkbox"/> Two Months	\$420
				<input type="checkbox"/> Three Months	\$950
TERMINAL DISCLAIMER				\$110	\$0
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$110

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$110.
 The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: February 24, 2004

Signature: Abdollah Katbab
 Abdollah Katbab, Reg. No. 45,325
 (858) 651-4132

 QUALCOMM Incorporated
 Attn: Patent Department
 5775 Morehouse Drive
 San Diego, California 92121-1714
 Telephone: (858) 658-5787
 Facsimile: (858) 658-2502

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 (type or print name)
Signature: Stacy Dumrauf